PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

NY-KIT-360-US

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			10		1,55,5		· · .	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/ D minus 20= *		*			X\$ 9=		1	X\$18=		
INDEPENDENT CLAIMS			(minus 3 = *							OR	· · · · · · · · · · · · · · · · · · ·		
		NDENT CLAIM P						X43=	·	OR	X86=	86	
								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in col						column 2		TOTAL		OR	TOTAL	856	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	(Column 1) (Column 2) CLAIMS HIGHEST					(Column 3)	l r	SMALL		OR 1	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .							+145=		OR	+290=		
	•						L	TOTAL		OP.	TOTAL		
	· ·	(Column 1)	-	(Colum	n 2\	(Column 3)	,	ADDIT. FEE			ADDIT. FEE		
		CLAIMS		HIGHE	ST .		ŀſ		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT	-	NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
\ME	Independent	*	Minus	***		=		X43=		oR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
		•		•			L	+145=		OR	+290=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	1	
	· · · · · · · · · · · · · · · · · · ·	(Column 3)				,							
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus .	**	•	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.14E			1200-		
* 1	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2. write '	'O" in coli	umn 3.	L	+145=		OR	+290=		
**	f the "Highest Nur	mber Previously Pa	id For IN THIS	S SPACE is	less than	n 20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		mber Previously Pa ber Pr viously Pai					r four	nd in the app	ropriate box	in col	umn 1.		